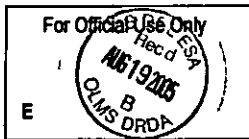


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2008

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| | |
|---|---|
| 1 File Number U 9937 | 2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004 |
| 3 Name and address of person filing Name Jeffrey T Burgin P O Box Bldg Room No if any Street 47 Cross Street City Dunlap State Tennessee ZIP Code + 4 37327 | 4 Name file number and address of labor organization Name Sheet Metal Worker s Local Union #5 Labor Organization File Number 529-066 P O Box Building and Room Number if any 18740 Street 112 Hillcrest Drive City Knoxville State Tennessee ZIP Code + 4 37918-2439 |
| 5 Position in labor organization Executive Board Member | |

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

| | |
|---|---|
| A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4 | 7 a Nature of Interest, Transaction or Income 7 b Amount |

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

Jeffrey T Burgin

On

08/11/2005

Date

(423) 949-7187

Telephone Number

| | |
|---|----------------------|
| Name of Person Filing Jeffrey Burgin | File Number U |
|---|----------------------|

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

| | |
|--|---|
| 8 Name and address of Business (including trade name if any) Name <input type="text" value="International Training Institute"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text" value="601 N Fairfax Street Suite 240"/> City <input type="text" value="Alexandria"/> State <input type="text" value="Virginia"/> ZIP Code + 4 <input type="text" value="22314"/> | 9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer |
| 10 If 9 b or 9 c. is checked give trust or employer's name Name <input type="text"/> Trade Name if any <input type="text"/> P O Box, Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/> | 11 a Nature of such dealing <div style="border: 1px solid black; padding: 5px; min-height: 80px;">Provides training and materials for Apprentices and Journeypersons and educational training and materials for Instructors and Coordinators</div> 11 b Approximate dollar value of such dealing <input type="text" value="\$0"/> 12 a Nature of interest held or income received <div style="border: 1px solid black; padding: 5px; min-height: 100px;">Expenses related to Educational Training and Materials</div> 12 b Amount <input type="text" value="\$9 586"/> |

| | |
|---|--|
| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value | |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/> | 14 a Nature of payment. <div style="border: 1px solid black; height: 150px;"></div> 14 b Amount of payment. <input type="text"/> |
| 13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ? | |